e-Doc Application Form
Service Provider Information

METHEALTH NAMIBIA ADMINISTRATORS

Account Details *(To be completed in block letters)*

Practice Number:	
Practice Name:	
Postal Address:	
Physical Practice Address:	
E-mail Address:	
Surname:	
First Name(s):	
Title:	
Work Phone:	( )
Fax:	( )
Cell Number:	
	Installation will occur within 7 days from confirmed receipt of form.

For Office Use Only

Submitted By:	
Login:	
Password:	
Comments:	

Minimum System Requirements

- Windows / Linux / MacOSX
- Supported Browsers: Internet Explorer / Mozilla Firefox / Safari – Latest Versions
- Broadband Internet Connection (ADSL/4G/3G)

NOTE
Microsoft Office Excel & Word are recommended when using statment downloads. Multiple practices can be registered under a single user account if so requested.

Signature: _____ **Date:** _____

Send to: **Information Systems Department**
METHEALTH NAMIBIA ADMINISTRATORS
Fax: (+264 61) 287 6024
Tel: (+264 61) 287 6000
E-mail: isadmin@methealth.com.na

INDEMNITY CLAUSE

Since all claims history will be updated weekly, no responsibility can be accepted by **Methealth Namibia Administrators (Pty) Ltd** for outstanding claims that have not been registered at the time of access to the internet.

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